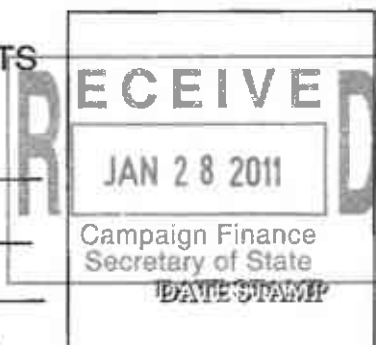


Delbert Hosemann
SECRETARY OF STATE

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
Special Election



Name of Committee

Joey Hood

Address

12795 Hwy 371 N Marietta, MS 38856

Telephone

662-871-2929

Fax

Treasurer

Joey Hood

Email

electjoeyhood@gmail.com



Check here if above is different from previous report

TYPE OF REPORT

- January 4, 2011 Pre-Election Report (January 1, 2010, through January 1, 2011).....Mandatory
- January 25, 2011 Pre-Election Report (January 2, 2011 through January 22, 2011).....Runoff Candidates only
- January 31, 2011 Annual Report (January 1, 2010 through December 31, 2010).....Mandatory
- ☒ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 1,000.00 + \$ 300.00	\$ 1,300.00	\$ 1,300.00 = 4,300.00
Total amount of disbursements	\$ 176.25 + \$	\$ 176.25	\$ 176.25 = 4,246.25
Total amount of cash on hand		\$ 33.75	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Joey Hood
Signature of Director or Treasurer

1-28-11
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return forms to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39208 or fax to 601-359-1439 or 601-576-2813.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee

Jay Head

Page _____ of _____

Reporting period 1-2-11through 1-28-11

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Will or Jan McMathew</u>		<u>11/3/11</u>	\$ <u>500.00</u>
Mailing Address <u>108 Pinedale Dr.</u>		<u>1/1/11</u>	\$
City, State, Zip Code <u>Newton, MS 39345</u>		<u>1/1/11</u>	\$
Name of Employer (Required)		<u>1/1/11</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>C.H. Fenstermaker & Associates, Inc.</u>		<u>1/10/11</u>	\$ <u>250.00</u>
Mailing Address <u>Corporate Account</u>		<u>1/1/11</u>	\$
City, State, Zip Code <u>135 Roney Square</u>		<u>1/1/11</u>	\$
Name of Employer (Required)		<u>1/1/11</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>William H. Fenstermaker</u>		<u>1/10/11</u>	\$ <u>250.00</u>
Mailing Address <u>135 Roney Square</u>		<u>1/1/11</u>	\$
City, State, Zip Code <u>Lafayette, LA 70508</u>		<u>1/1/11</u>	\$
Name of Employer (Required)		<u>1/1/11</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>1/1/11</u>	\$
Mailing Address		<u>1/1/11</u>	\$
City, State, Zip Code		<u>1/1/11</u>	\$
Name of Employer (Required)		<u>1/1/11</u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee

Jerry Head

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Reporting period

1-2-11

through

1-28-11

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<i>WTVA</i>	<i>1/6/11</i>	\$ <i>1766.25</i>
Mailing Address		
<i>Tupelo, ms</i>		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <i>1766.25</i>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$